

City of Rochester Building Safety Department 2122 Campus Dr SE, Suite 300

Rochester MN 55904-4744
Phone: (507) 328-2600
Fax: (507) 328-2601
www.rochestermn.gov

ELECTRICAL Permit Application

| | Office Use Only | (3/05) |
|----------|-----------------|--------|
| App. No. | | |

| Date | Building Permit Application No. (If this work is associated with a building permit) | | | | | | |
|---------------------------|--|--|-----------|----------------------------|--------------|------------------------------|--------------|
| Tenant/Building Na | me | | | | | | |
| Site Address | lumber | Street | | | | Su | ite/Unit No. |
| | Subdivision and/or Addition | - Curdot | Block | | Lot | Plat | Parcel |
| | | | | | | | |
| Applicant is: • Own | er • Contractor • Other (| (describe) | | | <u> </u> | | |
| Property Owner | Name Last Address | First | | MI | Phone (|) | |
| | City | | State | | Zip Code | | |
| Contractor | Company Phone | Fax | [| l E-mail_ | Roch. Co | ntr. # | |
| | Name Last Address City | | State | MI | MN Contr | :. Lic. # | |
| Work Category (check one) | New Addition | Alterations Tenant Fire | | | | ove/Relocate pair/Replace | ement |
| Permit Type | Residential | Commerci | al | | • Te | mporary Ser | vice |
| Project Description | Description of Work | | | | | | |
| Valuation of Work | Total Valuation of Work \$ | | | | aterials and | · | |
| Permit Fees | 1. Application Fee \$ 25. 2. Permit Fee* 3. State Surcharge (.0005 X valuation) • Charge Total Fees Total of #1, 2 and 3 above | <u>Valuation</u> \$1 to \$500 \$501 to \$1 | ,000 \$10 | <u>it Fee</u> e 0.00 | • \$1,000 c | Method of F | |

| Service | Type of Service | Voltage | Amperage | Connection |
|-------------|--|--|---|--|
| Information | Single PhaseThree Phase (Wye)Three Phase (Delta) Set Meter | • 120/240 • 120/208 • 240/480 • | • 60 A • 100 A • 150 A • 200 A | OverheadUndergroundTemporaryPermanent |
| | Power Supplier: • Roc | hester Public Utilities | Peoples Coope | erative Power Association |
| System | Electrical Computer/Security/Communication Systems | | | |
| Туре | | CTRICAL EQUIPMENT | DROVIDED | |

(Fill in the appropriate blanks in the table below)

| WIRING | BASE- MENT | 1st STORY | 2nd STORY | 3rd STORY | OUT SIDE | GAR- AGE | TOTAL | EQUIPMENT | SIZE (AMPS) | SIZE OF CONDUCTORS | WIRING MATERIAL |
|---|---------------|--------------|--------------|--------------|-------------|--------------------|--------|-----------------|----------------|-----------------------|--------------------|
| LIGHT & RECPT. | | | | | | | | SERVICE | | | |
| OUTLETS* | | | | | | | | SUBPANEL | | | |
| LIGHT & RECPT. CIRCUITS | | | | | | | | WATER HEATER | | | |
| APPLIANCE | | | | | | | | OVEN | | | |
| RECPT. OUTLETS | | | | | | | | DISHWASHER | | | |
| APPLIANCE | | | | | | | | RANGE | | | |
| RECPT. CIRCUITS | | | | | | | | DRYER | | | |
| SMOKE | | | | | | | | WASHER | | | |
| DETECTORS | | | | | | | | ELECT. HEAT | | | |
| *Total number of receptacle devices and lighting fixtures (not to include switches) | | | | | | AIR CONDITIONER | | | | | |
| , | | | | | | | OTHER: | | | | |

I hereby apply for an electrical permit and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and ordinances of the City of Rochester, including City Sales and Use Tax Ordinance 129.25. I understand this is not a permit but only an application for a permit, and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).

I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota and/or the City of Rochester. Anyone not so licensed may do work on premises or that part of premises (not containing more than two units) owned and actually occupied by the worker as a residence.

Date

| Aρ | plicant's | Signature | |
|----|-----------|-----------|--|
| | | | |